



# MEMBERSHIP APPLICATION

Name: \_\_\_\_\_ Gender: \_\_\_\_\_  
(Last) (First) (M)

Address: \_\_\_\_\_  
(Number) (Street) (City) (State) (Zip)

Primary Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_  
Used for all members of account for check in. Used for contact purposes only.

Email: \_\_\_\_\_ Birth Date: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Primary Y Location:  Cooper  Downtown  Fallbrook  Northeast

### What prompted you to join the Lincoln Y today?

Friend  Newspaper Ad  Postcard  Email  Website  Facebook  
 Youth Programming  Other \_\_\_\_\_

- This is my first time exercising or I haven't exercised in years and need assistance in getting started.
- I am an experienced exerciser and just need to familiarize myself with the equipment or programs.
- I would like more information on programs for myself and/or my family.
- I am a returning YMCA member and feel comfortable with everything at this time.

Name of 2<sup>nd</sup> Adult: \_\_\_\_\_ Gender: \_\_\_\_\_  
(Name of Parent if Youth Membership)  
Alternate Phone: \_\_\_\_\_ Birth Date: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_\_\_  
Used for contact purposes only.  
Email Address: \_\_\_\_\_

### Dependent Children (claimed on your income tax):

Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Birthdate: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_  
Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Birthdate: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_  
Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Birthdate: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_  
Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Birthdate: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_  
Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Birthdate: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

"I understand that Membership does not take effect until payment information is setup at a YMCA facility. I also understand that it is my responsibility to notify the Lincoln YMCA of my intent to cancel my membership in writing in accordance with the cancellation policy. No membership dues will be refunded when facilities are not used."

Member's Signature \_\_\_\_\_ Today's Date \_\_\_\_\_

For Office Use Only:  
Date & Time of Transaction: \_\_\_\_\_ Membership Type: \_\_\_\_\_  
Entered by (Print Name): \_\_\_\_\_ Verified by (Print Name): \_\_\_\_\_  
 Direct Draft Authorization Completed OR  Payroll Deduction Notice Completed  Welcome Email Sent



# MEMBERSHIP DIRECT DRAFT AUTHORIZATION

Last Name, First Name (print): \_\_\_\_\_  
Parent or 2nd Adult (if applicable): \_\_\_\_\_

### 1. Member Information:

Member Name (Please Print): \_\_\_\_\_

Parent or 2nd Adult (if applicable): \_\_\_\_\_

Address/City/State/Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

### 2. Payment Account Holder Information:

Name as it appears on card/account (Please Print): \_\_\_\_\_

Phone: \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_

### 3. Payment Information:

I hereby authorize the YMCA of Lincoln NE to make the following pre-authorized debit transactions against my:

Credit/Debit Card (Drafts on the 1st of the month.)  Visa,  Master Card Or  Discover

Number:   X  X  X  X   -   X  X  X  X   -   X  X  X  X   - \_\_\_\_\_ Expiration Date \_\_\_\_\_

Financial Institution Name: \_\_\_\_\_

Checking Account (Processes on the 1st of the month, drafts on the 5th of the month.)

Bank Routing # \_\_\_\_\_ Account # \_\_\_\_\_

ATTACH A VOIDED CHECK FOR VERIFICATION.

Savings Account (Processes on the 1st of the month, drafts on the 5th of the month.)

Bank Routing # \_\_\_\_\_ Account # \_\_\_\_\_

ATTACH A VOIDED DEPOSIT SLIP FOR VERIFICATION.

### 4. Draft Information:

Date drafts are to begin: \_\_\_\_\_ Monthly Draft: \$ \_\_\_\_\_  
Month Year

5. Do you want to donate to our annual Strong Kids Campaign?  Yes  No

\$25.00  \$50.00  \$75.00  \$100.00

One time donation paid today  One time donation to be added to first month's draft

Other- Please speak with a YMCA staff or volunteer for other donation opportunities.

### 6. By signing below, I acknowledge and agree to the following terms and conditions and authorize the monthly draft:

- I understand that it is my responsibility to notify the Lincoln Y of my intent to cancel my membership in writing before the end of the month prior to the next scheduled payment date.
- No membership dues will be refunded when facilities are not used.
- The YMCA may cancel this authorization at any time by sending me a written notice of cancellation.
- If the payment date falls on a date the bank does not process payments, the payment will be deducted on the next day the bank processes payments.
- If the specified account does not have sufficient available funds on deposit on the day the YMCA attempts to deduct the payment, a \$20 service fee may be assessed against my account.

Payment Account Holder Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For Office Use Only:

Entered By (Print Name): \_\_\_\_\_ Verified By (Print Name): \_\_\_\_\_

Barcode: \_\_\_\_\_  
Cancellation Date: \_\_\_\_\_